

## **DISPOSABLE MEDICAL SUPPLIES INDEX MAXIMUM ALLOWABLE FEE SCHEDULE**

The Disposable Medical Supplies (DMS) Index/Maximum Allowable Fee Schedule contains information necessary for proper billing of DMS. This DMS Index completely replaces the previous DMS Index.

Wisconsin Medicaid utilizes HCFA Common Procedure Coding System (HCPCS) National Level II codes developed by the federal Centers for Medicare and Medicaid Services (CMS), formerly HCFA, as well as Wisconsin Medicaid local codes. When using the procedure codes listed in this index, providers must select the procedure code that most accurately identifies the supply or service ordered and dispensed.

In accordance with the Terms of Reimbursement, Wisconsin Medicaid-certified providers are reimbursed for services provided to eligible recipients at the lesser of the billed amount or the maximum allowable fee for the procedure.

### **Prior Authorization Requirements**

HFS 107.24(2)(b), Wis. Admin. Code, states covered services are limited to supplies contained in the Wisconsin Medicaid DMS Index. Supplies requested which are not contained in the index require prior authorization (PA). To request PA, complete and submit a Prior Authorization Request Form (PA/RF) and a Prior Authorization Durable Medical Equipment Attachment (PA/DMEA) according to instructions given in the Durable Medical Equipment Handbook. Providers are also required to:

- Indicate the code from the DMS Index for a supply item that most closely matches the item to be dispensed in Element 14 of the PA/RF.
- Indicate modifier “SC” in Element 15 of the PA/RF.
- Include a complete description of the item, product information, and the medical necessity for the service or supply.

### **Not Otherwise Classified Supplies**

When there is no similar item listed in the DMS Index, indicate procedure code W6499 — not otherwise classified (NOC). Prior to using the NOC procedure code, determine that a specific HCPCS or local procedure code is not available.

### **More Information**

If you have questions regarding the information attached, please contact the Division of Health Care Financing (DHCF) Community Services Section by writing to:

DMS Policy Analyst  
Division of Health Care Financing  
Community Services Section  
PO Box 309  
Madison WI 53701-0309

## KEY TO READING THE DISPOSABLE MEDICAL SUPPLIES INDEX

### MAXIMUM ALLOWABLE FEE SCHEDULE

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|---------------------|---|
| <b>CODE:</b>        | Five-digit alphanumeric HCFA Common Procedure Coding System (HCPCS) National Level II codes developed by the federal Centers for Medicare and Medicaid Services (CMS), formerly HCFA, or Wisconsin Medicaid-assigned local procedure codes that identify the disposable medical supplies (DMS).   |
| <b>MODIFIER:</b>    | Modifiers used by Wisconsin Medicaid to indicate additional entries of procedure codes associated to the HCPCS and Wisconsin Medicaid-assigned base codes.<br><br>Y — Indicates modifiers specified must always be used when billing for the procedure code.<br>N — Indicates modifiers are not required when billing for the procedure code but, if listed, may be used if the modifier indicates a more accurate definition of the supply.  |
| <b>IN NH RATE:</b>  | YES — Indicates that the item is included in the nursing home daily rate and is not separately reimbursable for Wisconsin Medicaid nursing home residents.<br>NO — Indicates this item is not included in the nursing home daily rate and is separately reimbursable for Wisconsin Medicaid nursing home recipients.  |
| <b>IN HC RATE:</b>  | YES — Indicates that the item is included in the home care rate and is not separately reimbursable for Wisconsin Medicaid home care recipients. Home care services include covered services provided by home health agencies, personal care agencies, and nurses in independent practice.<br>NO — Indicates this item is not included in the home care rate and is separately reimbursable for Wisconsin Medicaid home care recipients.   |
| <b>DESCRIPTION:</b> | Base HCPCS or Wisconsin Medicaid-assigned local procedure code. The description that appears in the first row of each procedure code is the description that will appear on Remittance and Status (R/S) Reports, regardless of the modifier used. Providers will need to use the DMS Index/Maximum Allowable Fee Schedule with the R/S Report to verify Wisconsin Medicaid's maximum allowable fee payments.<br><br>Descriptions may also indicate quantities of each, package, and per box, which is considered one unit. For example, a box may contain multiple items. If "per box of 100" is indicated, the quantity or unit is equal to one (1). |
| <b>MAX FEE:</b>     | Maximum allowable fee for each procedure code and modifier.   |
| <b>MAX QTY/MO:</b>  | Quantity allowed per recipient per calendar month (January, February, March, etc.) unless a different time period is indicated.   |
| <b>CHANGE:</b>      | Current DMS Index revisions.<br>C — Indicates changes.<br>N — Indicates new information.  |